2001 UNIFORM BUSINESS REPORT (UBR) Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P96000032587 1. Entity Name F.G. HAHN AUTOMOTIVE, INC. 04-02-2001 90070 035 ***150.00 Principal Place of Business Mailing Address 1502 SW EAGLE GLEN PLACE 1502 SW EAGLE GLEN PLACE STUART FL 34997 STUART FL 34997 735565 US 2. Principal Place of Business 3. Mailing Address -Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE "Suite,"Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0671250 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWHALL, COLLEEN N Street Address (P.O. Box Number is Not Acceptable) 120 NORTH U.S. HIGHWAY ONE SUITE 200 TEQUESTA FL 33469 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition D TITLE TITLE □ Delete NAME HAHN, FREDERICK NAME STREET ADDRESS STREET ADDRESS 8394 S.E. LAGOON DRIVE CITY-ST-ZIP CITY-ST-ZIP **HOBE SOUND FL 33455** ☐ Addition Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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TITLE

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SIGNATURE: FREDRICK HAHN- PROS 3/30/01 5G+ 283-0145